

U. S. NAVAL HOSPITAL CORONA, CALIFORNIA

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COMMANDING OFFICER
U. S. NAVAL HOSPITAL, CORONA, CALIF.

AND REFER TO NO.

QUARTERLY SANITARY REPORT OF THE

U. S. NAVAL HOSPITAL, CORONA, CALIFORNIA
For the Period Ending 31 December 1947

H.

HISTORICAL DATA

1. CHRONOLOGY

1-7-47 Captain John W. VANN, MC, USN, reported on board as the relief for Rear Admiral Paul M. ALBRIGHT, MC, USN.

1-12-47 Captain J. W. VANN assumed command of U. S. Naval Hospital, Corona, California.

1-12-47 Rear Admiral P. M. ALBRIGHT detached, under orders to report to the Bureau of Medicine and Surgery for duty.

2-16-47 Captain Frederick C. GREAVES, MC, USN, detached, under orders to report for duty as Fleet Surgeon on the staff of the Commander, Pacific Fleet. Captain Orville R. GOSS, MC, USN, assumed duty as Executive Officer.

4-1-47 Authorized Bed Capacity reduced from 1500 to 1200 (BuMed ltr. 411M-MFD, NH47/Al-1, dated 7 March 1947).

4-15-47 Project No. X-741A(Gen.162) "A Study to Determine the Effect of Streptomycin on Human Tuberculosis" commenced, under the supervision of Lieut. Comdr. Norma C. FUTOS, MCW, USNR.

5-15-47 BuPers approved rehabilitation of local 9-hole golf course. Work commenced shortly thereafter.

5-20-47 Brig and Locked ward commissioned in Building No. 101.

7-1-47 Authorized Bed Capacity further reduced to 850 (BuMed ltr. 4112-MFD, NH/N9-1, dated 13 June 1947).

7-19-47 Captain Harvey E. ROBINS, MC, USN, reported for duty as Executive Officer, the relief of Captain Orville R. GOSS, MC, USN. Captain Goss detached under orders to report as the Base Medical Officer, U. S. Marine Corps Base, San Diego, California.

10-1-47 Authorized Bed Capacity reduced to 700 by BuMed ltr. 4112-MFD, NH47/Al-1, dated 17 September 1947.

12-20-47 The local 9-hole golf course, rehabilitation of which was commenced in May, 1947 was opened to patients and staff personnel.

12-31-47 Authorized Bed Capacity prescribed as 650 commencing 1 January 1948, by BuMed ltr. 4112-MFD, NH47/Al-1, dated 24 December 1947. Tentatively, this authorized bed capacity is to remain constant throughout the remainder of Fiscal Year 1948, and all of Fiscal Year 1949.

2. ORGANIZATION

The organization of U. S. Naval Hospital, Corona, California is in accordance with the provisions of paragraphs 16A5.1 and 16A5.2, Manual of the Medical Department, 1945. Under the military command of the Commandant, Eleventh Naval District, this hospital serves as a distinct and separate entity, there being no other naval activity in the close proximity. As the majority of the service patients under treatment here are suffering from one of the diseases for the treatment of which this hospital has been specially designated, viz, Tuberculosis, Rheumatic Fever, Paraplegia and Poliomyelitis, they are not received from any one naval activity, but rather from the entire West Coast. Conversely, the Veterans Administration beneficiaries hospitalized here, for whom 225 beds are designated, are in most instances residents of the nearby communities.

During the latter half of 1947 the local Hospital Orders were completely revised, and presently are being bound for promulgation.

3. NARRATIVE ACCOUNT

The year 1947 has been characterized by a continued post-war conversion. The patient load has decreased from 1,185 current on 1 January 1947 to 474 on board 31 December 1947. As noted in paragraph 1, above, the authorized bed capacity has progressively dropped. Consolidation of departments and services was made. Unit III, originally planned for the care of Rheumatic Fever patients, and later designated also for the overflow of Tuberculous patients from Unit II, was completely deactivated as a hospital unit concurrent with the diminishing patient load. Presently only the Deep Freeze Box of the Refrigeration Plant in Unit III is in active use; the remainder of the buildings in this unit being in a caretaker status. The Recreation Building and several wards in Unit III, however, are being utilized for the storage of equipment required for reactivation to a total of 2,246 beds, this being the estimated number of beds, on 8 foot centers, which the entire hospital can accommodate.

The comparative trend of patient load and on-board staff complement for the year 1947 well illustrates the major adjustments which were required. Total staff personnel, which on 1 January 1947 was 608, is now 269. The patient load amongst the specialties has decreased in all categories and presently shows: Tuberculosis - 201; Rheumatic Fever - 26; Paraplegia - 2, and Poliomyelitis - 6.

The great quantity of surplus property continued to be a major problem during the year. This task, however, is estimated as approximately 95% completed, as remaining is only about \$64,000.00 declared excess property yet to be disposed of. Many of the old temporary buildings, originally constructed as contractors' offices and store-rooms, have been removed. Seven additional temporary structures have been surveyed, and, it is anticipated, will be disposed of in the near future.

4. ADDITIONAL DATA

(a) Research Project No. X-741A(Gen.162) investigating the effect of Streptomycin on Human Tuberculosis, is the only project now in effect locally.

(b) Two staff officers of the Navy Nurse Corps were admitted to the sick list with Pulmonary Tuberculosis during the year, following assignment to duty in the Tuberculous Unit. This serves to emphasize the importance of having Nurse Corps officers and Hospital Corpsmen assigned to duty at this hospital only after they have demonstrated a positive Mantoux reaction. Several recommendations in this regard have subsequently been submitted to the Bureau.

(c) Clinics: Pathological Staff Conferences are held bi-weekly. Cases of unusual interest are presented at these conferences, together with autopsy findings and pathological specimens. All staff medical officers are encouraged to enter into the discussions of these cases. Of the 72 deaths which occurred during the year there were 49 post mortem examinations - approximately 68%.

(d) Department of Physical Medicine and Rehabilitation: While this hospital is specially designated and equipped for the care of poliomyelitis, paraplegic and Rheumatic Fever patients, the number of patients of these types has steadily decreased as shown in paragraph 3, above. Presently there is no medical officer specially trained in physical medicine attached. The department is under the supervision of the Chief of Medicine, and his staff in this department consists only of three Nurses, one Wave Officer and one civilian Physiotherapy Technician. These assistants are on a rotating service, of approximately three months between Units I and II. It is interesting to note that the total number of treatments reported by this department for the month of December 1947 was 2,466, as compared to a total of 3,828 treatments reported during the month of January 1947.

(e) Occupational Therapy Department: This department is supervised by one Wave Officer who is assisted by Arts and Skill Workers of the Ontario Chapter of the American Red Cross. It is considered this department provides a useful service in supplying recreational and rehabilitation facilities in handcraft for the patients, being particularly beneficial to patients in the Tuberculous Unit.

5. CONCLUSION

In conformity with the post-war reduction in force every effort toward consolidation has been made with a view to economical operation. Mounting costs of provisions have presented a definite problem to the Commissary Department. The large number of special diets current in a hospital specializing in the treatment of Tuberculous patients, all of whom receive special nourishments daily, has resulted in a ration cost which is out of proportion to that expected in the average Naval Hospital. For the year ended the local ration cost has averaged approximately \$1.04 per day.

A shortage of trained Hospital Corpsmen which was felt at the beginning of the year has continued to become more acute, particularly in the lower ratings. Pharmacist's Mates Second Class, and below, are required to stand Port and Starboard Watches. In addition to the long hours required of them, of late the number of special watches required on seriously and critically ill patients have averaged two per week per man. However, on the whole, they have performed their duties excellently and have voiced few complaints. Every effort is made to provide recreational facilities for them to enjoy during their off-hours.